



Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

## **SUPPLEMENTAL ENTITY DEMOGRAPHICS**

## **DEMOGRAPHIC INFORMATION**

Please provide the following information regarding the supplemental entity.

Entity Name (as appears on official business documents)			Assumed Name (attach copy of filed assumed name certificate, if applicable)	
Entity Mailing Address			FEIN	
City	State	Zip Code	Entity Phone	<b>Entity Email Address</b>

## PERSON COMPLETING APPLICATION

Please provide the following information regarding the person completing this application.

Name (First, Middle, Last)			Date of Birth (mm/dd/yyyy)	
Mailing Address			Phone	
City	State	Zip Code	Email Address	

<b>VALIDATION - FOR DEPARTMENT USE ONLY</b>				
CRA RECEIPT				

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